FORM D 🕶 02036041

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR 1 4 2002 unifòrm limited offering exemption

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OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per form.....1

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☐ Rule 504	☐ Rule 5	05 🗷 Rule	506 ☐ Secti	on 4(6) ULOE		
	☐ New Filin	g	★ Amenda	ment		
A. BA	SIC IDENTIFICA	TION DATA				
e issuer						
ment and name has chang	ed, and indicate cha	nge.)				
(Number and	Street, City, State, 2	Zip Code) Telephor	e Number (Including	Area Code)		
1000 Pecan Grove Drive, Albany, GA 31701 800-841-4358						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)				Telephone Number (Including Area Code)		
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				PROCESSEN		
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limited partnership, alre	ady formed		other (ple	ase specify):		
Ilimited partnership, to b	e formed			THOMSON		
	<u>Month</u>	<u>Year</u>		FINANCIAL		
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	E Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Frank, Charles A.									
	idence Address (Number and e Group, 1001 Bayhill Drive, S	Street, City, State, Zip Code) Suite 315, San Bruno, CA 94060	5						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	▼ Director	☐ General and/or Managing Partner				
Full Name (Last Schneider, Barr	name first, if individual)			-					
	idence Address (Number and See Group, 1001 Bayhill Drive, S	Street, City, State, Zip Code) Suite 315, San Bruno, CA 94066	5						
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last McNulty, John	name first, if individual)								
	idence Address (Number and See Group, 1001 Bayhill Drive, S	Street, City, State, Zip Code) Suite 315, San Bruno, CA 94066	5						
Check Boxes that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last Bocci, Richard	name first, if individual)			· 					
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)							
		Suite 315, San Bruno, CA 94066							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last Hedden, Williar	name first, if individual) n H.								
	idence Address (Number and Section 2015)	Street, City, State, Zip Code) Suite 315, San Bruno, CA 94066	5						
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐Executive Officer	Director	General and/or Managing Partner				
Full Name (Last Gordon P. Getty	name first, if individual) Family Trust								
Business or Res	idence Address (Number and S	Street, City, State, Zip Code) Suite 315, San Bruno, CA 94066	<u> </u>						
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last Schneider, Barr	name first, if individual) L. and Ann B.								
Business or Res	idence Address (Number and	Street, City, State, Zip Code) Suite 315, San Bruno, CA 9406	6						
Check Boxes that Apply:	Promoter	Beneficial Owner	☐Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last Getty, William I	name first, if individual)								
Business or Res	idence Address (Number and S								
Check Boxes that Apply:	Promoter	Suite 315, San Bruno, CA 9406 Beneficial Owner	Executive Officer	▼ Director	General and/or				
Full Name (Last	name first, if individual)				Managing Partner				
Getty, Jr., Gordon P. Business or Residence Address (Number and Street, City, State, Zip Code)									
		Suite 315, San Bruno, CA 9406	6						

1.	Has the issuer so	old, or does the i	ssuer intend to				_	under ULOE			Yes N	O 🗷
2.	2. What is the minimum investment that will be accepted from any individual?								\$ N/A			
3.	Does the offerin	ig permit joint o	wnership of a s	ingle unit?							Yes <u>X</u> N	0
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
N/A												
Full	Name (Last nam	e first, if individ	lual)									
Busi	ness or Residenc	e Address (Num	ber and Street,	City, State,	Zip Code)							
Nam	ne of Associated	Broker or Dealer	-									
											•	•
State	es in Which Person	on Listed Has So	olicited or Inter	ds to Solici	t Purchasers							
(Che	ck "All States" o	or check individu	ıal States)					•••••	••••••••••			All States
[AL]	[AK	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] [SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	$\{WV\}$	[WI]	[WY]	[PR]
Full	Name (Last nam	e first, if individ	lual)									
												
Busi	ness or Residenc	ce Address (Num	iber and Street,	City, State,	Zip Code)							
Nan	ne of Associated	Broker or Dealer	•		_							
State	es in Which Pers	on Listed Has So	olicited or Inter	ds to Solici	t Purchasers							
(Che	ck "All States" o	or check individu	ual States)					•••••				All States
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(IL)	[IN]	[LA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT				[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]			[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last nam	e first, if individ	lual)									
Busi	ness or Residence	ce Address (Num	ber and Street,	City, State,	Zip Code)							
Nan	ne of Associated	Broker or Dealer	<u></u> -		<u> </u>							
State	es in Which Pers	on Listed Has So	olicited or Inter	ds to Solici	t Purchasers							
	eck "All States" of							•••••				All States
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	, . [IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT				[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]				[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$15,000,000.18	\$15,000,000.18
	Common Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$15,000,000.18	\$15,000,000.18
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$15,000,000.18
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of Security	Dollar Amount Sold
	Type of Offering		
	Rule 505	0	\$0
	Regulation A	0	\$0
	Rule 504	0	\$0
	Total	0	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	o	
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	X	\$5,000.00
	Accounting Fees		\$0
	Engineering Fees	0	\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (Identify)		\$0
	Total	X	\$ 5,000.00

C. OFFERING PRICE, NUMBER OF IN	IVESTORS, EXPENSES AND	USE OF PROCEEDS		
b. Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted			\$ <u>14,995,000.18</u>	
5. Indicate below the amount of the adjusted gross proceeds to the issuer us if the amount for any purpose is not known, furnish an estimate and cl payments listed must equal the adjusted gross proceeds to the issuer set for	heck the box to the left of the e	stimate. The total of the		
		Payment to Officers,	Payment To	
Salaries and fees		Directors, & Affiliates S0	Others 0	
Purchase of real estate				
Purchase, rental or leasing and installation of machinery and equipment				
Construction or leasing of plant buildings and facilities				
Acquisition of other businesses (including the value of securities involved in t in exchange for the assets or securities of another issuer pursuant to a merger)			□ s <u> </u>	
Repayment of indebtedness		□ \$ <u>0</u>	□ \$ <u>o</u>	
Working capital		□ so	x \$ 14,995,000.18	
Other (specify):		□ so	□ so	
			□ so	
Column Totals				
Total Payments Listed (column totals added)		x \$14,995,000.18		
·				
D. FEDE	ERAL SIGNATURE			
The issuer had duly caused this notice to be signed by the undersigned duly at an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
Issuer (Print or Type)	Signature	4//	Date	
MacGregor Golf Company	M. H.		May /3, 2002	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Charles A. Frank	Secretary			
<u></u>				
		•		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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FORM 2400